



PERMIT # | | | | | | | | |

**VILLAGE OF INDIANTOWN
BUILDING DIVISION
RE-ROOF INSPECTION AFFIDAVIT**

Received By: _____

Application must be typed or printed legibly in ink and complete all relevant fields.

Name: _____ Date: _____

Project Address: _____

License Type (please check): ☐ FS 489 Licensed Contractor☐ FS 481 Licensed Engineer☐ FS 471 Licensed Architect☐ FS 468 Building Inspector

Contractor Name: _____

License Number: _____

I, the above named, am a licensed individual by the State of Florida and I hereby certify that all the re-roofing work including sheathing, nailing, dry-in and flashings have been performed at the above address in accordance with the regulations required by the Florida Building Code. In addition, the installation was done in conformance with the Hurricane Mitigation Retrofit Manual based on F.S. Chapter 553.844.

I fully understand that by the Building Official's acceptance of this certificate, I am totally responsible for this installation and hereby acknowledge that the statements contained herein are true and correct.

Amount of Framing/Sheathing Repair: _____

Specifications & type of underlayment overlap & roof pitch: _____

Seal edges, objects, and valleys, valley material type with a minimum of four inch (4") flashing cement: _____

Nail schedule for eave drip, metal, roof shingles: _____

Qualifier Signature_____
Date

SWORN TO (or affirmed) and subscribed before me this ____ day of _____, _____ by

_____ who is personally known to me or who has produced _____

as identification.

Notary Public, State of Florida**YOU ARE REQUIRED TO CALL FOR AN IN-PROGRESS AND FINAL INSPECTION AND PRESENT THIS AFFIDAVIT**